

CONCLUSION: As a reminder, the demand for outpatient services is defined as current visits to physicians currently, whereas in the previous OECD studies, it was defined by the number of visit to physicians (general practitioner) in a certain time period (typically, one year). Since there is no closer data to the other OECD countries than CSLSJ in Japan, we have to survey as originally so as to obtain the completely comparable data even though it is expensive to do so.

PHP8

PERCEPTIONS OF COUNSELING FOR OBESITY AND RELATED BARRIERS AMONG COMMUNITY PHARMACISTS IN TEXAS

Dastani HB¹, Brown CM¹, O'Donnell D²

¹University of Texas at Austin, Austin, TX, USA; ²Roche Pharmaceuticals, Austin, TX, USA

Obesity has reached epidemic proportions in the U.S. and studies have shown that counseling obese patients can have a significant impact on the Nation's health.

OBJECTIVES: The present study aims to assess pharmacists' perceptions about counseling and barriers related to counseling obese patients.

METHODS: A mail survey was sent to a random sample of 400 Texas community pharmacists. The questionnaire was developed using obesity literature and was pretested among ten community pharmacists. The questionnaire collected background information of pharmacists and their perceptions about counseling and barriers to counseling. A follow up survey was sent to the nonrespondents.

RESULTS: Of the 400 surveys mailed, 139 were returned completed, six were not usable and five were undeliverable, yielding an overall response rate of 36.7% and a usable response rate of 35.2%. The pharmacists' average age was 49.5 years (SD 13). Most of the pharmacists were male (62.6%) and had a bachelor's degree (94.9%) as their highest degree. Although pharmacists counseled obese patients rarely to sometimes, they most often counseled about prescribed antiobesity medications and weight loss through diet and exercise. Pharmacists were most comfortable counseling patients about self-help groups and were least comfortable in counseling about over-the-counter herbal products; however, pharmacists perceived that the most effective weight loss treatment was diet and exercise. The two most commonly reported barriers to counseling obese patients were lack of time (76.8%) and lack of patient demand (55.8%). Pharmacists' counseling and barriers to counseling differed based on various background characteristics.

CONCLUSION: Although pharmacists do not counsel obese patients on a regular basis, they tend to counsel on issues they are most comfortable with, namely prescribed antiobesity medications and diet and exercise. Pharmacists report lack of time and patient demand as key barriers they face in the community setting.

STRATEGIES TO REDUCE PREVENTABLE DRUG-RELATED MORBIDITY

Flanagan PS¹, MacKinnon NJ¹, Hanlon NT², Robertson HA¹

¹Dalhousie University, Halifax, Nova Scotia, Canada;

²University of Northern British Columbia, Prince George, British Columbia, Canada

Drug-related morbidity (DRM) results in significant cost and consequence. Fifty percent or more of DRM may be preventable (PDRM). Strategies to reduce the problem of PDRM need to be identified in order to improve the quality of medication use.

OBJECTIVES: (1) To determine the perceived efficacy of each of eight strategies for reducing PDRM, as expressed by physicians, and (2) whether this ranking varied depending upon physician group.

METHODS: Three panels of physicians (twelve general practitioners [GPs], six geriatricians and six clinical pharmacologists) who developed and validated quality indicators of PDRM in older adults, received a follow-up mail survey to identify strategies to reduce PDRM. Each physician was asked to decide how best to reduce PDRM by choosing from eight intervention strategies for each quality indicator their group had developed. For each indicator, the physician could choose from zero, to all eight, intervention strategies.

RESULTS: The most commonly chosen strategy per PDRM indicator was monitoring (72.5%) with health system management (54.6%) and patient/caregiver cooperation (52.1%) second and third, respectively. Monitoring was the most commonly chosen strategy per indicator by the GPs (81.4%) and the clinical pharmacologists (64.5%). The geriatricians chose health system management most commonly as a strategy per indicator (72.5%). Overall, an average of 3.95 intervention strategies was chosen per clinical indicator of PDRM.

CONCLUSIONS: A survey of a group of clinicians revealed that monitoring is perceived to be the most important strategy to reduce PDRM among eight interventions considered. Still, it appears a combination of intervention strategies is needed to optimally reduce PDRM. These findings should serve to guide future research efforts and health policy aimed at improving the quality of medication use by minimizing PDRM in older adults.

PHP10

USE OF HEALTH OUTCOMES DATA IN PROMOTIONAL MATERIALS

Harris SD¹, Bryant-Comstock L²

¹GlaxoSmithKline, Global Health Outcomes Dept, RTP, NC & University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; ²GlaxoSmithKline, Global Health Outcomes Dept,

Research Triangle Park, NC, USA

OBJECTIVES: Health outcomes information is being used more frequently by the pharmaceutical industry to

demonstrate product value beyond traditional safety and efficacy parameters. We researched country-specific regulations on the use of health outcomes data for product promotion and compared requirements/guidelines across countries.

METHODS: We reviewed regulatory documents governing the promotion of medicines and code of practice documents on the enforcement of promotion guidelines. Country-specific examples of promotional material were collected via journal publications, electronic search and through contact with the pharmaceutical manufacturer.

RESULTS: Regulations from 15 countries and five regions (North America, Europe, Eastern Europe, Asia and Latin America) were collected. The major distinctions between countries are specific guidelines on the use of health outcomes data, the ability to use qualified data without prior approval, the level of substantiation required for promotional use and direct-to-consumer advertising.

CONCLUSIONS: Regulations regarding the use of health outcomes data for product promotion are often combined with safety and efficacy guidelines. There is, however, movement within regulatory bodies to specifically address the use of health outcomes data. Understanding the regulation and use of health outcomes data for promotional purposes is useful for global pharmaceutical companies in developing a comprehensive campaign to demonstrate product value.

PHP11

A DESCRIPTION OF DISCARDED PRESCRIPTION DRUGS

Tennyson DH

Auburn University, Auburn, AL, USA

Health care costs continue to escalate. Prescription medications are a large contributor to both the cost and waste of resources.

OBJECTIVES: This study investigated the number and type of prescription drugs discarded by a nursing home.

METHODS: Nursing records of prescription drugs discarded throughout fiscal year 2001 were analyzed. This pilot study of one long-term, 143 bed nursing home in a Southeastern state gives a descriptive baseline and estimate of destroyed prescriptions. The number of drugs and associated patients, prescription names, and reasons for destruction were categorized and analyzed. To enable analysis, a systematic categorization of drugs was created.

RESULTS: Over an eleven-month period, there were 2220 prescribed drugs discarded on 227 patients. Most of the patients (74%) in this study had between one and eight of their prescribed drugs destroyed during this time period. However, 27 patients (14%) had between 20 and 48 prescribed drugs discarded during this same time period. Discarded drugs were most often for medical condition categories of acute illness (17%), cardio-vascular (17%), daily needs such as nutritional support (16%),

chronic illness (13%), and mental health (11%). The most common reasons for destruction were medication discontinued (51%) and patient expired (20%). This study substantiates that many prescribed drugs are discarded each month, and it is not uncommon for multiple discards per patient.

CONCLUSIONS: Nearly half (46%) of the prescribed drugs to nursing home residents are for long-term medical care and maintenance, such as cardio-vascular and other chronic illnesses and nutritional support and other personal hygiene. This study suggests that prescriptions should be initially filled for shorter periods of time to ensure patient compatibility and effectiveness. Also, it appears that it would be cost effective to have pharmacists dispense drugs from larger vials and to repackage already prescribed drugs.

PHP12

CHANGING DRUG SELLER BEHAVIOR ON CHILD DIARRHEA MANAGEMENT: EFFECTIVENESS OF TRAINING PROGRAM AND IMPLICATIONS OF KNOWLEDGE-PRACTICE GAP

Ratanawijitrasin S¹, Panyawuthikrai P¹, Suttajit S¹, Hongsamoot D²

¹Chulalongkorn University, Bangkok, Thailand; ²Food and Drug Administration, Nonthaburi, Thailand

OBJECTIVES: Lack of knowledge is often attributed to problematic practice by non-professional drug sellers. Most community pharmacies in Thailand are staffed by non-professionals who play dual roles of prescribing and dispensing. Training courses have been offered by government agencies attempting to improve quality of care by providing knowledge to drug sellers. This paper is part of a study to evaluate effects of multiple interventions on drug seller behavior. It aims to assess effects of training on knowledge and practice, and examine whether practice follows knowledge, using watery diarrhea in children under five as tracer condition.

METHODS: A control-intervention and pre-post design was used. Eight districts in Bangkok were selected and matched into four pairs. Districts in each pair were randomly assigned as control and intervention districts. Seventy-eight community pharmacies were selected randomly from the districts. A training program, emphasizing case management for diarrhea in children, was offered to pharmacy staffers in the intervention group. Knowledge was evaluated using open-ended questionnaire interviews. Dispensing practices were assessed by two simulated client surveys. The interviews and surveys were conducted twice—before and after training.

RESULTS: Pharmacies in both groups responded to the case with few questions and little advice. Dispensing of ORS only was found in 6.9 and 4.7% of the encounters before training for the control and intervention groups respectively. After the training, it was dispensed in 2.3% of the encounters in the control and 3.5% in the inter-